U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND **EMPLOYEE REPORT**

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U- 5669	2. Fiscal Year Covered From:
Calendary Commence of Commence of	1000000 / 1000000 / 1000000000 / 100000000
	1 / 1 / 2004 Through: 12 / 31 / 2004
8. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name Tim McAninley .	Name Transport Workers Union
	Labor Organization File Number 000L-218
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any
Street 625 Vista Ridge Drive	Street 1700 Broadway, Second Floor
City Lewisville	City New York
State Texas ZIP Code + 4 75067	State New York ZIP Code + 4 10019
. Position in labor organization. Special Project - Communication	ons
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(except as specified in the exclusion. Held an interest in, engaged in transactions (including loans) with, or dononetary value from an employer whose employees your organization. Name and address of Employer (including trade name, if any). Name American Airlines, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 4333 Amon Carter Blvd City Fort Worth State Texas ZIP Code + 4 76155 Signature and verification. The undersigned declares, under penalty of Poundersigned's knowledge and belief, true, correct, and complete. (See the section of the section	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. Al2 pass for air travel. See Attached. Part 7a and 7b 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information ng documents), has been examined by the signatory and is, to the best of the tion on penalties in the instructions.)
(except as specified in the exclusion.) A. Held an interest in, engaged in transactions (including loans) with, or dononetary value from an employer whose employees your organization. B. Name and address of Employer (including trade name, if any). Name American Airlines, Inc. Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 4333 Amon Carter Blvd City Fort Worth State Texas ZIP Code + 4 76155 Signa 15. Signature and verification. The undersigned declares, under penalty of Psubmitted in this report (including the information contained in any accompanying the signa and the signal and the signal and the information contained in any accompanying the signal and the signal	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. Al2 pass for air travel. See Attached. Part 7a and 7b 7.b. Amount. 7.b. Amount. Perjury and other applicable penalties of the law, that all of the information and documents), has been examined by the signatory and is to the best of the

Name of Person Filing Timothy McAninley	File Number U-	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street	11.b. Approximate dollar value of such dealing.	
City	12.a. Nature of interest held or income received.	
State ZIP Code + 4		
	12.b. Amount,	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	



Air Transport Division



RE:

LM30 Attachment - Section 7a and 7b

LABOR:

000-218

From:

Tim McAninley - Special Project Communications

Date:

June 30, 2005

A12 Pass Holders

Transport Workers Union

1791 Hurstview Dr Hurst,, TX 76054

Office: 817-282-2544 Fax: 817-282-1906

Email: info@twuatd.org

Answer to Question 7A – Asking for the Nature of the Interest, Transaction, or Income

An A12 pass for airline travel, which permits me to fly at the reduced employee rate on American Airlines and to hold seats on those flights at that rate rather than traveling only on a space available basis (which is the standard travel benefit that American extends to its employees).

Answer to Question 7B – Requesting the Amount of the Interest, Transaction or Income

I used the A12 pass approximately 1 time a month in 2004. As I would have been eligible to travel on those flights at reduced rates as an American employee provided there was space available, it is not possible to provide a reasonable estimate of the value of that travel at this juncture.

Tim McAninley

on 06/29/2005